



ALABAMA BOARD OF COSMETOLOGY

RSA Union Building
100 N. Union Street, Suite 320
P. O. Box 301750
Montgomery, AL 36130-1750

334-242-1918 Office
800-815-7453 toll free

334-242-1926 Fax
www.aboc.state.al.us

CHANGE OF OWNERSHIP OF A REGISTERED SALON

Please enclose the following information to complete a Change of Ownership of a Registered Salon:

1. **Original** copy of the salon license
2. Affidavit for a Change of Ownership of a Registered Salon (see back of page). This affidavit **must be** notarized and signed by both the currently registered Owner and the new Owner.
3. If applicable, notification of a new Manager on Duty
4. Copy of new Owner's Social Security Card and Driver's License
5. FEE: \$25. Salon check or money order only. **NO PERSONAL CHECKS ACCEPTED.**

PRINT Name of Salon	Record ID#	Type of license
Business address	City	State Zip Code
Date of change	() Business Phone	

Mailing Address: _____
(if different from above)

To change your booth rental's NAME/ADDRESS/SALON LOCATION, please contact us for the appropriate form. A form must be completed to make any of the above changes. Please visit our web site at: *www.aboc.state.al.us*. There are various applications available on our website under "forms."

I (we) hereby certify that I (we) am (are) applying for registration as a registered salon and will abide by the Alabama Law/Rules and Regulations promulgated by the Board.

PRINT Last Name of Previous Owner(s) _____

PRINT Last Name of New Owner(s)	First	Middle	Social Security #
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PRINT Last Name of New Owner(s)	First	Middle	Social Security #
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Signature of New Owner(s)	Signature of New Owner(s)
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Today's date _____

Please list additional owner(s) and information on the back of this page.

Revised 6/05. Replaces all previous forms.

ABOC USE ONLY	
CK# _____	Type _____
Fee _____	LtChg _____ Total _____
Date Ret _____	By _____
Date Proc _____	By _____
Note: _____	

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AFFIDAVIT FOR CHANGE OF OWNERSHIP OF A REGISTERED SALON

PRINT Name of Salon Record ID# Type

Business Address of Salon City County State Zip Code

Business Mailing Address of Salon if different from above

PRINT Previous Owner's Last Name First Name Middle

PRINT New Owner's Last Name First Name Middle Social Security #

PRINT New Owner's Last Name First Name Middle Social Security #

I attest that I am purchasing the above named salon and accept the responsibility to ensure all rules and regulations as stated by the Alabama State Board of Cosmetology will be enforced. I will notify the Board of any changes in owner, location or manager within ten (10) days.

Signature of New Owner Date

Signature of New Owner Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public My subscription expires: _____

Cosmetology Salon: Any place wherein cosmetology or any of its practices are followed, whether the place is known or designated as a cosmetician, cosmological or cosmetology salon or establishment of whether the person practicing cosmetology hold himself or herself out as a cosmetician, cosmetologist or beauty culturist, or by any other name, or designation indicating that cosmetology is practiced therein. A cosmetology salon shall have a managing or master cosmetologist on duty five days a week.

Esthetician Salon: Any place, not a cosmetology salon, wherein skin care or any of its practices are followed. An esthetician salon shall have a managing or master cosmetologist or managing or master esthetician on duty five days a week.

Manicure salon or nail salon: Any place, not a cosmetology salon, wherein manicuring or any of its practices are followed. A manicurist salon shall have managing or master cosmetologist OR managing OR master manicurist on duty five days a week. An alternate must be present in his/her absence.